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Dissertation on scarlatina

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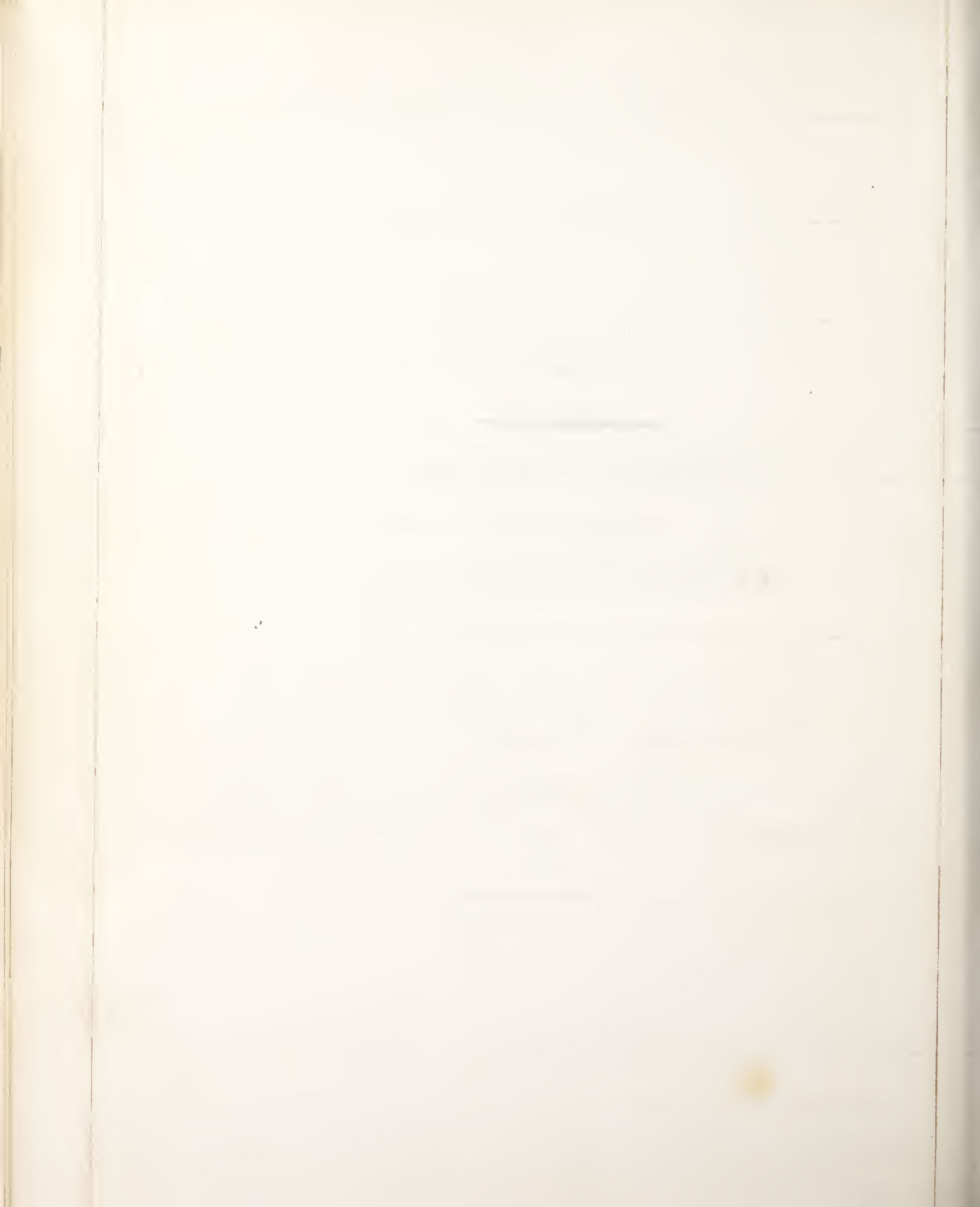
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Dissertations
read by the
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at the
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in the
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VIII.

Dissertation
on
Scarlatina.

By
Thomas Cuddeback,
of Port Jervis, New York,
Candidate for the Degree of Doctor in Medicine.



Scarlatina

Among the numerous exanthematous diseases to which the human body is more or less exposed, and which frequently gives rise to many other diseases more severe in their character, and much to be feared by persons afflicted may properly be ranked scarlatina.

Owing to the discrepancy of authors as regards the character of this disease and the different symptoms which characterizes different epidemics in different localities, it will be extremely difficult to describe with precision the particular symptoms as existing in different epidemics.

Diagnosis

Scarlatina is one of those forms of cutaneous diseases which is said to arise from a specific contagious miasma; but it is the opinion of many medical writers and I believe is generally allowed that peculiar circumstances may exist which render it possible and even probable for this

affection to be generated independent of any contagion. Persons who have been once afflicted with this disease are not liable to a subsequent attack, yet there are cases stated where the second and even the third attack have been noticed.

This disease is characterized by minute red spots appearing on the surface of the body about the fourth or fifth day after exposure to the contagion; which gradually run together forming extensive and irregular patches not infrequently covering the whole surface of the body.

The eruption is always preceded or accompanied with fever, slight shivering, lassitude and increased debility are always present among the first symptoms of this disease. This disease was not known or was not distinguished at a very early period in this country as a distinct disease; it is supposed to have been confounded for a considerable time with Rubella, a cutaneous

disease somewhat similar in its character and appearance, and yet not appearing to resemble each other in any particular form of the eruption. The particular differences which characterize those two diseases are said to have been first fully described by Dr. Withering. — It is claimed by some Physicians that this disease is easily enough distinguished at the present day from Rubiola by the eruption itself; but in those cases where an erythema is present, or a peculiar rash similar to the eruption of scarlatina, occupying the interstices between the papulae in Rubiolas I can conceive of its being extremely difficult to distinguish between those two diseases.

The papulae in Rubiolas are more elevated above the surface than in scarlatina, and usually of a darker color existing in semilunar clusters not presenting that universal redness which particularly characterizes scarlatina, ~~the deep red~~

also the peculiar phenomena which accompany scarlatina, the deep red color of the eruption and the sore throat will readily distinguish it from that disease. The character of the prevailing epidemic will enable the practitioner at the commencement of the disease to form a diagnosis with considerable accuracy.

The strongly marked catarrhal symptoms that almost invariably accompany Rubella as the copious weeping and inflammation of the eyes, harsh and coarse cough and sneezing which are so seldom present in scarlatina will afford sufficient diagnostic marks as to obviate any danger of mistake. Those cases which terminate fatal are generally spoken of as being complicated with affection of some of the serous membranes - encephalic, thoracic or abdominal.

Effusions into the cavity of some of the larger joints of the body which

generally have a fatal tendency, have been regarded as an implication of this disease - Gangrene, Mortification, and Sphacelation have all been spoken of as affecting different parts of the body during this disease, - Inflammation and suppuration of the glands of the neck frequently take place, and occasions at times great destruction of parts and the tumors are described as pressing upon the Larynx at times to the extent of producing suffocation.

Another form of scarlatina is described by some writers which is termed the Thromonhagis, and generally called a fatal form of the disease, being indicated by the common signs of Purpura here and there appearing dark spots which is followed by exudation of blood from the mucous membranes and more especially from the mouth & nose, which is sometimes so profuse as

to cause death. The blood is said
to flow sometimes from a mere puncture
with as much force and duration, as
if an artery had been divided.

Rosolia has been spoken of as being a
disease that might be confounded with
scarlatina, but generally the mildness
of the disease as well as its duration
is supposed to be sufficient to be suffi-
~~cient~~ to distinguish it from scarlatina,
the form and regularity of the eruption
is also spoken of as a diagnostic symptom.

The most common complication
of this disease, or that which more
frequently terminates fatal is that
of Anasarca, which appears in the face,
eyelids and extremities, frequently it
becomes general and also appears at
times in the different serous cavities.

Scarlatina is divided into three
distinct varieties or classes, namely
Scarlatina Simplex, Scarlatina Anginosa,

and Scarlatina Maligna —

Symptoms of Scarlatina Symplex

Scarlatina Symplex is much the mildest form of this disease, when occurring in a healthy individual it is a disease almost entirely devoid of danger, yet serious consequences might result from the supervention of hyperaemia, which should always be kept in mind —

The eruptive fever of this disease varies very much both in intensity and duration, appearing at times so extremely slight as hardly to require any medicinal aid, and at other times raging with so much violence as to require the most prompt and energetic treatment. After the ordinary premonitory symptoms of febrile disease have been present for a period varying from one to five days, general depression, nausea and vomiting, pain in the back, loins, lower extremities and head with slight chills, flushes of heat, quick &

frequent pulse, are the predominant symptoms for a short period before the appearance of the eruption. Sometimes there is epistaxis, skin generally dry and hot, the tongue is usually covered with a whitish fur through which the papilla will be seen to project. The face becomes swollen, the eruption appears about the face and neck, which become covered with small red points; these points or spots gradually coalesce become of a vivid red, diffused in large irregular patches over the trunk and upper extremities. The eruption in the bends of the joints, upon the loins and nates is described as being of a more vivid color than upon other parts of the body. If the hands are placed over the body a sense of roughness is felt which is owing to the enlargement of the papillae. The skin is burning hot, tense and dry. If the patient be examined at this time the surface is said to present

the appearance of a boiled lobster—
The soft palate, fauces and internal
surfaces of the eye lids present the same
brilliant hue. Deglutition is often extremely
painful and difficult, Delirium and
coma sometimes accompany the eruption.
The eruption is usually the most vivid at
about the fourth day, after which it gradu-
ally declines, and desquamation generally
commences about the seventh day—

During the subsidence of the eruption, the
tenderness of the fauces gradually abates &
the healthy action of the skin is reestablished.
The urine deposits a reddish sediment,
and sometimes a diarrhoea takes place.
The process of desquamation is usually
attended with a considerable itching which
sometimes continues for several days—

The duration of this form of scarlatina
is generally from eight to ten days.

Symptoms of Scarlatina Anginosa
Scarlatina Anginosa, is a more severe form of this

disease, affecting more particularly the throat and adjacent parts, as its name indicates. The eruption in this form of the disease does not spread so early as in scarletina simplex, nor does it diffuse itself over the surface of the body in such regular patches. The eruption is said to disappear sometimes the day after its appearance, and afterwards return, again, thus lengthening the disease, and rendering the desquamation irregular. This form of the disease is attended with general muscular prostration; the skin is intensely hot, and thirst generally very great; the febrile action is rapidly developed, the pulse is quick and frequent, but not so tense and full as in scarlatina simplex. Headache, nausea and sometimes vomiting are present in the forming stage of this disease; not unfrequently pain in the muscles of the neck and lower jaw precedes or is present at the

commencement of this complaint,
The palate, Tonsils, uvula and fauces
present a bright red and shiny appear-
ance. The Tonsils soon become greatly
swollen, the voice hoarse and deglu-
tition extremely painful and difficult,
and sometimes the liquids which the
patient attempts to swallow are returned
by the nostrils, a sensation of constric-
tion is felt about the throat and at
the same time respiration is painful
of the swelling and inflammation of the
fauces continues for several days, the disease
is apt to terminate in ulceration, small
ulcers may be seen about the Tonsils &
palate, which soon become converted into
superficial sloughs of an ash color; a large
quantity of tenacious mucus is secreted
generally about the fauces, and some-
times is said to congregate in white flakes
upon the Tonsils so as to be mistaken
for ulcers when in reality there is none.

Occasionally these sloughs assume a brown color, become enlarged and discharge an acrid sanious fluid. The glands about the neck at this time are hard, swollen and painful. This form of the disease is frequently complicated with visceral inflammation which generally proves fatal in the course of six or seven days.

Symptoms of Scarlatina Maligna
Scarlatina Maligna is a still more frightful form of this disease, in which there is always a tendency to putrescence. In the beginning of this form, the disease is described, as presenting very much the appearance of scarlatina Anginosa, but the violent typhoid symptoms of this disease will soon enable the practitioner to distinguish between these two forms of this disease. The eruption in this form of scarlatina, appears at a still later period than in scarlatina

Anginosa, which is at first pale but soon becomes of a dark and livid color being very irregular in its appearance and duration; frequently disappearing and reappearing again at the end of two or three days. Delirium and coma is a common occurrence in this disease, the eyes are generally red and the cheeks darkly flushed, the breath is fetid and the tongue usually covered with a dark brown fur. The tonsils and palate frequently become covered with dark colored sloughs. Difficult respiration with a rattling noise in the throat, is frequently occasioned by the great secretion of a viscid mucus into the lungs. Frequently there is an acrid discharge through the nostrils, which occasions great irritation to the parts over which it flows. The fever and the affection of the lungs are spoken of as a common occurrence without an eruption at any period of the disorder. Death frequently takes place as early as the

second or third day, and at other times the symptoms continue moderate, until an advanced period, then suddenly putting on the most malignant form. After great prostration of all the vital energies, exhausting diarrhoea often takes place, and in some cases hemorrhage from various parts; the tongue at this time is dark brown or black — Pulse very frequent and feeble —

Some writers have spoken of three modifications as belonging to Scarlatina Maligna, namely, the Inflammatory, Congestive and Mixed. The different symptoms to which those terms are applied I will not now attempt to describe.

Prognosis

This of course must be very variable, depending altogether upon the nature and character of the prevailing epidemic, requiring at all times to be made with a great degree of caution, as the symptoms

of the mildest form of this disease sometimes suddenly change to those of a more alarming character; the first form of this disease or scarlatina simplex is rarely attended with any danger—As regards the Anginous affection of this disease something of a diversity of opinion exists in regard to the general fatality of this complaint. Although there is always more or less danger attending this form of scarlatina, yet there is generally a natural tendency in this throat affection to terminate by resolution, the danger always being in proportion to the severity and extent of the local inflammation. The appearance of the eruption aids considerably in the prognosis of this complaint—when it appears regular, uniformly diffused over the surface and of a bright red color it is much more favorable than when the eruption presents a dark brown or

pale color Excessive tumefaction of the throat and the adjacent parts is considered an unfavorable symptom, but the tumefaction of the fauces when of a bright red color is a more favorable symptom, than when the inflamed fauces without tumefaction present a dark red or livid color Early delirium is a very unfavorable symptom, gangrenous ulceration of the throat is always alarming - A violent fever in the commencement with considerable Angina is very apt to bring on early collapse Oedema of the glottis has in some cases speedily destroyed the patient The prognosis in Scarlatina Maligna is unfavorable and should always be very guardedly given - A livid appearance of the eruption is an unfavorable symptom as in Scarlatina Anginosa - Turbid respiration, small and frequent pulse with great prostration of strength, copious or bloody urine with

involuntary discharges from the bowels are very unfavorable symptoms—A regular subsidence of the fever and eruption, with the healthy granulations of the ulcers and desquamation of the cuticle may insure a favorable prognosis—

Causes

As regards the cause of scarlatina, but little is known. It prevails in epidemics and is considered generally to be contagious, yet there are many persons who cling altogether, that it is at all communicable. This disease is spoken of by some writers as being most common in countries of a moist and cold climate and particularly towards the equinoxes, when the atmospheric changes are most prevalent. This disease is more common among children than adults, affecting females more than males; and from Wm. Douglas's statement the fatality of this complaint

would seem to be greatly diminished after the age of ten years, but, upon this point, there seems also to be a diversity of opinion.

Pathological Characters

Frequently on the dissection of those who have died of scarlatina, the morbid appearances are wholly insufficient to account for the fatality of this disease. Dr Mackintosh states that the most constant morbid appearances seen by him, have been the ulceration, thickening and vascularity of the mucous membrane in the air passages. In two cases mentioned the epiglottis was nearly destroyed by ulceration. The air passages have been found sometimes filled with a thick tenacious matter. Appearances of inflammation are not infrequently present in the chest and other parts of the body —

Treatment

As regards the course to be pursued in the treatment of scarlatina much of course depends upon the nature and character of the prevailing epidemic. The course of treatment indicated in one epidemic, might be contraindicated in the next; and in consequence of such a variety of symptoms in different epidemics, there must of necessity be a great diversity of Treatment - Scarlatina simplex as before remarked is often times so extremely slight as hardly to require any treatment - Mild laxatives or simple injections are generally necessary to remove the constipation and some mild emollient gargles with the simple antiphlogistic regimen is frequently all that is necessary. If the disease presents symptoms of considerable Iride irritation with great heat of the surface, the body should be thoroughly sponged with cold water and vinegar, acidulated, unalluginous drinks should be freely taken, Ice should

be freely used; also the common Soda
or the mineral waters of the shops are
recommended; in some cases it may also
be necessary to bleed for the purpose of preventing
Hyperaemia in any of the internal organs
Emetics are used in the early stages—
Fresh air and cleanliness is an important part
in the treatment of this disease as well as in all
others of a similar character. When the ordinary
premonitory symptoms of this disease are coming on
the treatment should not be delayed until we can
decide as to the character or form of the complaint.
The early exhibition of an emetic, followed by a
 brisk cathartic, will do much towards preventing
the disease from running into the more severe
form. The Anginous variety requires more
active measures. Leeches about the throat &
head are by some very highly recommended,
they are said to afford immediate relief
if the ^{symptoms} are severe general bleeding is necessary.
The heat of the throat & mouth is usually very great
and cold water & ice should be freely allowed.

Gargles of Chloride of soda or lime are recommended, if the operation is very painful and difficult, the use of the syringe may be resorted to - Purgatives and emetics are considered as rather a doubtful agent, yet the bowels should unquestionably be kept free and open by some gentle cathartic Stimulants are sometimes required and should be given as in ordinary Typhus, Ammonia is sometimes given with good effect, but wine is generally used & in large quantities manytimes If there is inflammation of any of the internal organs so as to render cold water and purgatives inefficient recourse must be had to blisters, sinapisms and venesections If the eruption needs the hot bath and friction are good remedies Stimulants are sometimes used both externally and internally But great caution is necessary in their administration for fear there may be present internal inflammation

As regards the treatment of scarlatina Maligna
I will say only a few words. Although it is
the most formidable form of this disease, much
of the treatment in this complaint is not essen-
tially different from that of scarlatina Anginae.
Emetics are thought by some to harass the pa-
tient too much in this form, but they are doubtless
sometimes necessary. When the pulse is tense, ~~and~~
and frequent and the other symptoms severe
venesection should be resorted to, but in the
latter stages blood should be very sparingly
taken. Prompt and active stimulants are
sometimes necessary - when the brain is not
particularly affected, Camphor & Opium is used,
Capsicum is highly recommended, there are
also numerous other remedies used in this
and the other forms of scarlatina, to which
I cannot allude at present.

6 Elm Street House, Jan 15th 1847
Thos. Cuddihy

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